

Work Order ID 94506

94506

Page 1

December-19-12 11:33:09 AM

Item ID: D4105-1 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Strap
 Start Date: 12/19/12 Start Qty: 20.00 *20* Cust Item ID:
 Required Date: 1/11/13 Req'd Qty: 20.00 *20* Customer:
 Reference:

Approvals: Process Plan: MLJ Date: 12-12-12 Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr | Revision Nbr | | | | | | | | |
| D4105 | B | | | | | | | | |
| 100 | PURCHASING | 0.00 | | | | | | | |
| *100* | | | | | | | | | |
| Purchasing | Memo | 0.00 | | | | | | | |
| Purchasing | Issue P/O: <u>18701</u> | | | | | | | | |
| | Manufacture as per dwg D4105 | | | | | | | | |
| | Possible Supplier: Tulmar | | | | | | | | |
| | Material release note is required. | | | | | | | | |
| 110 | Receive & Inspect for Damage & Mat'l Certs | 0.00 | | | | | | | |
| *110* | | | | | | | | | |
| Packaging | Memo | 0.00 | | | | | | | |
| Packaging | Ensure Material release note is required. | | | | | | | | |
| 120 | QC6- Inspect dimensions to drawing | 0.00 | | | | | | | |
| *120* | | | | | | | | | |
| QC | Memo | 0.00 | | | | | | | |
| Quality Control | | | | | | | | | |

12/13-01-3

12/13/01/14 20

DAS
15
2-83

13-1-14

20

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|---|-------------|-------------|---|---|--------------------------|---|------------------------|---------------------|---|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data <input type="checkbox"/> | | | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | | |

Work Order ID 94506***94506***

Page 2

December-19-12 11:33:09 AM

Item ID: D4105-1

Accept

N900040100Setup Start ***NS1***

Revision ID:

Item Name: Strap

Stop ***NS2***

Start Date: 12/19/12 Start Qty: 20.00

20

Cust Item ID:

Required Date: 1/11/13 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start ***NR1***

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

130

Identify as per dwg & Stock Location

8024

0.00

130

Packaging

Memo

0.00

Packaging

*20x**SD*
13-01-15

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Memo

0.00

Quality Control

*MLJ 13-01-15**12/13-01-15*

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|--|-------------|-------------|------------|---|--------------------------|---|------------------------|---------------------|---------------------|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data <input type="checkbox"/> | | | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |

| FAULT CATEGORY | | | | |
|---|---|---|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | |

Picklist Print

December-19-12 11:33:09 AM

Page 1

Work Order ID: 94506

Parent Item: D4105-1

Parent Item Name: Strap

Start Date: 12/19/12

Required Date: 1/11/13

Start Qty: 20.00

Required Qty: 20.00

Comments: IPP Rev:A 10.09.07 new issue DD verf:JLM

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| D4105-1P Strap | | Purchased | No | | | 110 | Each | 0.0000 | 1 | 20 | | 12/31/12 (20) | |

NCR: Yes / No

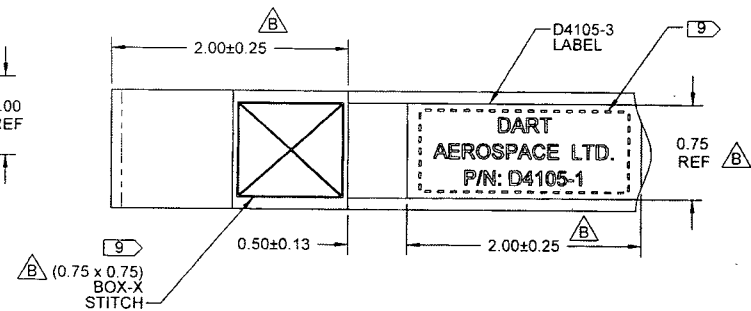
WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|---|-------------|-------------|---|---|--------------------------|---|------------------------|---------------------|---|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data <input type="checkbox"/> | | | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | | |





A perspective drawing of a long, thin rectangular object, possibly a ruler or a piece of wood, with small square markings at each end. The object is oriented diagonally across the frame.



RELEASED
2010-09-23

D4105-1 NOTES:

- 1) MATERIAL: NYLON, MIL-W-4088, TYPE XVII, CLASS 1, COLOR BLACK, 37030 PER FED-STD-595
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: ID LABEL
- 7) WEIGHT: 0.04 lbs
- 8) HOT CUT WEBBING ENDS TO PREVENT FRAYING
- 9) STITCHING TO BE PER ASTM D6193, TYPE 301, 8-10 STITCHES PER INCH, MIN (1/2") BACK STITCH, (1/8") FROM EDGE USING THREAD NYLON V-T-295 TYPE II, CLASS A, SIZE F COLOR BLACK

| | | | |
|------------|--|---|--------------|
| B | REVISE NOTES FOR D4105-1/3 (ZN A8-1, B8-1, B4-1): REVISE DIMENSIONS (ZN B1-1, B2-1, B3-1) | RF | 10.09.13 |
| A | NEW ISSUE | RF | 10.05.06 |
| REV. | DESCRIPTION | BY | DATE |
| DESIGN | RF | DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA | |
| DRAWN | RF | | |
| CHECKED |  | DRAWING NO. | REV. B |
| MFG. APPR. |  | D4105 | SHEET 1 OF 1 |
| APPROVED |  | TITLE | SCALE |
| DE APPR. |  | STRAP | NTS |
| DATE | 10.09.13 | COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSES OR COMMERCIALS TO ANY OTHER PERSON WITHOUT | |

PACKING SLIP

TULMAR

Tulmar Safety Systems Inc.
1123 Cameron Street
Hawkesbury, ON K6A 2B8 CA
Tel: 613-632-1282
Fax: 613-632-2030
MID : XOTULSAF1123HAW
email: info@tulmar.com

Packing Slip No.

46496

Ship Date

10-Jan-13

Bill To:

Dart Aerospace
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7. Canada

Ship to:

Dart Aerospace
1270 Aberdeen Street
Tel: 613-632-5200
Call Brigitte Golden when ready
Hawkesbury, ON K6A 1K7. Canada

| Order number | Sales order date | Account number | Account manager |
|--------------|------------------|----------------|------------------------|
| 29751 | 8-Jan-13 | CDART100 | Helena Vandeweerd |
| PO number | Ship Via | Shipping Terms | |
| PO18701 | Pick-Up | FOB HAWKESBURY | |
| Item No. | Quantity ordered | UOM | Qty Shipped/Returned |
| Description | | | Quantity on back order |

85079-001

20

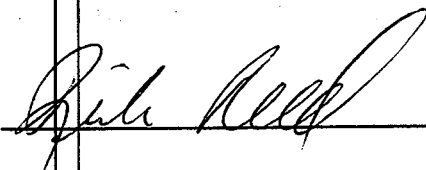
EA

20

Strap/
Drawing No: D4105-1
DWG Rev: B
LN 1

Lot No: BATCH0000000002 Qty: 20

Shipper



Date:

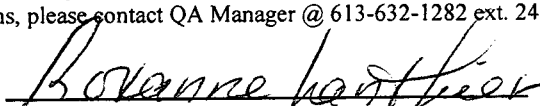
JAN 10 2013

Certificate of Conformance

☒ See Certification Enclosed

I hereby certify that the items listed hereon have been inspected, and / or tested (as applicable), conform to all specifications and requirements detailed in the contract or purchase order. Objective evidence to support this statement is on file, and can be made available upon request.
If any questions or concerns, please contact QA Manager @ 613-632-1282 ext. 245.

Authorized Inspector



Date:

JAN 10 2013



**AVERY
DENNISON**

303 Advantage Court
Lenoir, NC 28645

CERTIFICATE OF COMPLIANCE

Sold To: Tulmar Safety Systems Inc

Vendor Name: Avery Dennison Retail Information Systems

PO#: 22705

Product: 25KAMSAFE BLANK 2360NWT, IMPRINTED ONESIDE, 1-3/8" WEB
Consists of:
10D011625 HS1111 1-3/4" 1.125P 1640FT TTR
152360138 2360NWT 1-3/8" 3C 334YDS

Mil Spec: NA

Quantity 1

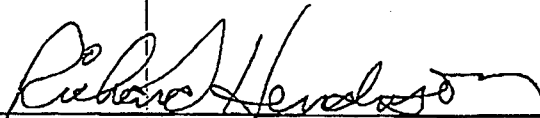
Lot# NA

Ship Date: 3/8/2012

Contract# NA

I certify that the above component complies with all applicable Avery Dennison specifications of 950 German Street, Lenoir, NC.

Signature:



Title:

Shipping Lead

TS[#] 20019-001/04

Qualified Lab
List No. 1935
(610)-845-2211

BALLY RIBBON MILLS

23 N. 7th Street
Bally, PA 19503


09/30/11

REPORT # 175634-0001

| | | |
|--------------------|---|-------------------------|
| Customer | TULMAR SAFETY SYSTEMS | Shipment |
| Purchase Order No. | 21294-00 | Shipped Via ALL-CONNECT |
| Specifications | MIL-W-4088K CLASS 1 TYPE XVII COLOR CHIP #37030 P/N TSS2262B | Memo No. 369377 |
| Contract No. | UV, MOULD, FUNGUS RESISTANT LOT #9A9557 DOM:09/11 | Quantity 6641 YD |
| BALLY RIBBON MILLS | 894101000BK | Lot Quantity 10085 |
| Pattern No. | 8941-1" BLACK NYLON WEBBING | |

CERTIFICATE OF CONFORMANCE

I certify that this pattern conforms with the physical, chemical, and visual quality of the Military Specifications listed above.


JEROME RICHARDS

QUALITY ASSURANCE MANAGER

2/2

TSS 2262-B/16 (2)



American & Ebird Inc.
Post Office Box - 507
Mount Holly, NC -28120
Certificate of Compliance

Date : 3/23/2011

Mfg. Date : 3/27/2010

Lot Id : 705150

Quantity: 43

Product : Tex 90 BONDED 'Z' NYLON FILAMENT Black AA 63002 16 OZ

Specification : A-A-59826 TPII CLA F BT92N4

Customer Order Number : 17499-00

Plys (Visual) : 4

Customer : Tulmar Safety Inc.

Twist Direction : Z

Shipped To : Tulmar Safety Inc.

A&E Color : 63002 Black
AA

Description : Bright, Continuous Multifilament Nylon, Melting Point >472F; Colorless Nylon Polymer Bond;
Polypropylene Spools

| Characteristic | Test1 | Test2 | Test3 | Test4 | Test5 | Average | Minimum | Maximum |
|--|--------|-------|-------|-------|-------|---------|---------|---------|
| Strength #1 (Pound) | 15.2 | 15.7 | 15.6 | 15.7 | 15.8 | 15.6 | | |
| Strength #2 (Pound) | 15.4 | 15.1 | 15.2 | 15.4 | 14.8 | 15.2 | | |
| Average Strength (Pound) | | | | | | 15.4 | 11.8 | |
| Elongation #1 (Percent) | 20.5 | 22.4 | 21.8 | 22 | 21.8 | 21.7 | | |
| Elongation #2 (Percent) | 22.3 | 21.4 | 21.9 | 22.5 | 21.1 | 21.9 | | |
| Average Elongation (Percent) | | | | | | 21.8 | | 26 |
| Lube | | | | | | | | |
| | | | | | | Pass | Pass | |
| Twist S #1 (Turns per inch) | 12.2 | 12.2 | 12.2 | 12.2 | 12.2 | 12.2 | | |
| Twist S #2 (Turns per inch) | 12.2 | 12.2 | 12.2 | 12.2 | 12.2 | 12.2 | | |
| Average Twist S (Turns per inch) Initial Twist | | | | | | 12.2 | | |
| Twist Z #1 (Turns per inch) | 8.1 | 8.1 | 8.1 | 8.1 | 8.1 | 8.1 | | |
| Twist Z #2 (Turns per inch) | 8.1 | 8.1 | 8.1 | 8.1 | 8.1 | 8.1 | | |
| Average Twist Z (Turns per inch) Final Twist | | | | | | 8.1 | 5.5 | |
| Yield #1 (Yards/Pound) | 4211.8 | | | | | 4211.8 | | |
| Yield #2 (Yards/Pound) | 4114.7 | | | | | 4114.7 | | |
| Average Yield (Yards/Pound) | | | | | | 4163.2 | 3601 | 5200 |
| Laundry #1 (Grading Scale) | 5 | | | | | 5 | | |
| Laundry #2 (Grading Scale) | 5 | | | | | 5 | | |
| Average Laundry (Grading Scale) | | | | | | 5 | 3 | 5 |
| Dry Cleaning #1 (Grading Scale) | 5 | | | | | 5 | | |
| Dry Cleaning #2 (Grading Scale) | 5 | | | | | 5 | | |

TSS 2530 / 50 Rep



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO18701**

Purchase Order Date 1/3/2013

PO Print Date 1/3/2013

Page Number 1 of 1

Order From :

VC-TUL001

TULMAR SAFETY SYSTEMS
1123 CAMERON ST
HAWKESBURY, ON K6A 2B8
CA

Contact Name

Vendor Phone

613 632 1282

Vendor Fax

613 632 2030

Vendor Account Nbr

Buyer

Brigitte Golden

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

| Line Nbr | Reference Revision ID Vendor Part Number | Description/ Mfg ID | Req Date/ Taxable | Req Qty/ Unit of Measure | Ship Method | Unit Price | Extended Price |
|----------|--|------------------------|----------------------|-----------------------------|-------------|------------|-------------------|
| 1 | D4105-1P | Strap | 1/11/2013 Yes | 20.00 Each | Dart Truck | \$5.7000 | \$114.00 |

Special Inst: As per DWG: D4105 Rev: B
B94506

PO Total:

\$114.00

Change Nbr: 1

Change Date: 1/3/2013

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required ☒ YES ☐ NO